

NEW MD PAYMENT THRESHOLDS ANNOUNCED

About 13% of physicians will be affected by thresholds announced recently by the Ontario government, says Ontario Health Minister Jim Wilson. In July the province announced three threshold payment levels; after the first level has been reached, the ministry will discount payments by 33.3%, 66.7% and 75% in \$25 000 increments. GPs and each of 31 specialties will have their own set of thresholds; the GP threshold, which is the basic level, is \$251 000 after the 10% payment reduction already being applied to physician payments is factored in.

The Ontario Medical Association says the decision is another "ad hoc method of freezing medical services spending at below-1992 levels," which will result "in less medical care being available for patients." Dr. Gerry Rowland, the president, said the "likely response to reduced funding is reduced provision of services." The real losers, he said, are Ontario patients.

BATHROOM-STALL CORRESPONDENCE

University of Manitoba students are being encouraged to ask anonymous questions about sexuality, AIDS and sexually transmitted diseases on writing pads provided in men's and women's washrooms on campus. The answers to questions posed through the "Bathroom Betty and Johnny Program" are researched by student vol-

unteers, reviewed by the university health-service coordinator, then posted back in the washroom stalls. About 10 questions are answered every week, according to the June-July issue of *University Affairs*.

NEW RVG FOR MANITOBA

The Manitoba Medical Association (MMA) is developing a resource-based relative value guide (RVG) to reflect more accurately the human-resource and capital costs involved in providing medical services. The first steps included developing a consistent set of definitions to focus on the essential aspects of physicians' work, and organizing 31 "blocs of practice" to participate in the review.

RVG working groups were given definitions of direct patient care and support time to help them estimate how much time is spent on patient care. Activities such as travel and administrative work were to be excluded. Mental effort and judgement, technical skill or physical effort, and psychological stress were human-resource components used to estimate the intensity associated with providing a medical service. After reviewing original ratings of medical services, working groups will refine the ratings and "hardlink" unrated tariff items. In the MMA newsletter *Inter-Com*, committee chair Dr. William Rennie said the project offers a unique opportunity to update the fee structure and the rules that govern physician payment.

WESTERN JOURNAL MAY CLOSE

The California Medical Association's 99-year-old *Western Journal of Medicine* may close before it has a chance to mark its centennial. The association tried selling \$35 subscriptions to provide financial support for the journal after its deficit mounted because of increased postage and printing costs and a dearth of pharmaceutical ads; only 1270 subscribers responded, far below the goal of 9500. *JAMA* Editor George Lundberg told *American Medical News* that such financial woes are increasingly common among US state and regional medical societies that publish their own journals.

NS PHYSICIANS CAN NOW INCORPORATE

Nova Scotia physicians are legally permitted to incorporate following the recent proclamation of the Medical Professions Corporations Act. The Medical Society of Nova Scotia (MSNS) estimates that 15% to 20% of physicians may incorporate, mostly specialists or those who incur high overhead costs. "Incorporation is not expected to be a great benefit to small family practices," the MSNS announced recently, "because the majority of general practitioners require most or all of their earnings to cover the costs of running a practice and to live." Incorporation is already permitted in Alberta, British Columbia, the Yukon, New Brunswick and Prince Edward Island.

BREAST-FEEDING RESOURCE BOOK PUBLISHED

A new how-to book designed to help physicians and other health care providers support breast-feeding mothers has been published by the Canadian Institute of Child Health. The revised *National Breast-feeding Guidelines for Health Care Providers* contains the latest information on the breast-feeding of premature infants, new drugs, vitamin D supplementation, shorter hospital stays and the freezing and storage of breast milk. The 177-page resource costs \$35.31 (GST and shipping included); to order call 613 224-4144.

NEW GUIDE ABOUT HOME CARE

The Canadian Association for Community Care (CACC, formerly HomeSupport Canada and the Canadian Long Term Care Association) has prepared a handbook for people who may need home medical or support treatment. *Thinking about home care* is a question-answer guide that examines the positive and negative aspects of having care at home, the types of services that are available and ways to cope with such care. The guide answers questions that might be asked by seniors, their children, the disabled and those with acute or chronic illnesses. The booklet costs \$1.50; for information call the CACC, 613 241-7510.

DRUNK DRIVERS CAUSE MORE DEATHS THAN MURDERERS

The Canada Safety Council says 20% to 40% of impaired-driving charges are dismissed or reduced

even though drunk drivers kill more than twice as many Canadians as murderers, and has called for a review of the drinking and driving sections of the Criminal Code. The council says about half of the 3260 fatalities on Canadian roads in 1994 were alcohol related, accounting for 1600 deaths and nearly 60 000 injuries. The same year, police laid more than 87 800 charges for impaired driving, a substantial proportion of which were stayed or dismissed on technicalities.

"Defence lawyers are having a field day with a law where new twists are created weekly," the council said. "It is almost impossible for the police to comply with all the procedures and technicalities they must follow. This troubling situation means, much to the disgust and chagrin of both the public and police, more plea bargains are being struck."

MEDICAL TRAVEL PACK FOR RELIEF WORK

Physicians on humanitarian medical missions will be able to treat the primary health needs of 700 people with the contents of the new Canadian Physician Travel Pack. The Pharmaceutical Manufacturers Association of Canada (PMAC) and MAP International have assembled a 30-kg assortment of medications that includes antibiotics, antiparasitic products and analgesics for use in relief efforts and international medical work.

The Travel Pack, which contains thousands of dollars worth of high-quality medicines donated by PMAC members, will ease the problems of physicians who otherwise might have to struggle with no supplies or approach pharmaceutical companies for donations. All applications must bear a physician's signature and be approved by MAP International. A service fee of \$525 covers shipping

charges in Canada; for information call 800 627-1787.

TENNESSEE GRADUATES FIRST "SPONSORED" MDs

The first class of medical students fully supported by Tennessee hospitals and medical centres graduated in June, and moved a step closer to paying back their sponsors by working in small towns and rural areas. After 2 or 3 years of residency training, the 16 graduates will move to the communities that sponsored them to practise.

The University of Tennessee created the program in 1992 to attract students who wanted to work as physicians in small towns without accumulating the usual \$50 000 or more in debts during training. Local sponsors pay about \$20 000 a year directly to the university for tuition, fees and living expenses; in exchange, the physicians return to the sponsoring communities to work. Although their commitment lasts only 4 years, *American Medical News* said most are expected to "settle in for the long haul." Similar programs exist in other states.

FEWER MDs INVESTIGATED IN ONTARIO

Ontario's College of Physicians and Surgeons launched 2011 investigations in 1995, an decline of almost 6% from the previous year. In the May edition of *Members' Dialogue* the college reported that 124 sexual-abuse investigations had been launched in 1995. Of the 87 cases referred to discipline by the Complaints Committee, 40 involved clinical standards and 47 concerned sexual abuse. Ontario's physician population was 21 780, including 5422 women.